



**EMOTIONAL DISTURBANCE SPECIAL EDUCATION ENDORSEMENT (ED)**  
 NORTH DAKOTA EDUCATION STANDARDS AND PRACTICES BOARD  
 SFN 58893 (07-2008)

Social Security Number	Date of Birth	ND Teaching License Number		
Work Telephone Number		Email Address		
Home Telephone Number				
Last Name	First Name	M.I.	Maiden Name	
Mailing Address		City	State	Zip (9 digit)

**Prerequisite:** Valid North Dakota Educator's professional license in early childhood, elementary, middle, or secondary education.  
**Plan on file prerequisite:** Letter from administrator documenting two years of successful teaching in general education; 8 semester hours (SH) of emotional disturbance (ED) coursework; and documented supervision by an ED special education teacher.  
**Reeducation Plan:** Submit the teacher education program of study form and submit to ESPB. A transcript review will be done annually to document progress toward completion of the program of study.  
**Endorsement Request and Verification:** Once you have completed the requirements, request this endorsement be added to your license by returning this form to ESPB along with your official transcripts.  
**Fees:** If you wish to add this endorsement between renewals, a non-refundable fee of \$75 must be enclosed. There is no additional fee to add this endorsement at normal license renewal time.  
**Timeline:** This endorsement must be completed prior to or within three calendar years of first contracted employment as an ED special education teacher in North Dakota. This endorsement does not change your regular license renewal date.

**Emotional Disturbance Program of Study**

24 SH primarily at the graduate level from an approved teacher education program and verified through official transcripts.		
Coursework	Completed (SH)	Needed (SH)
Exceptional children and youth		
Intro to emotional disturbance (which includes psychopathology of childhood & adolescence)		
Methods of teaching children with emotional disturbance		
Developmental psychology		
Behavior management		
Assessment and test interpretation of children and youth with disabilities		
Methods and materials in specific learning disabilities		
Interdisciplinary and community resources and consultation skills		
Family or home school relations		
Guidance or educational alternatives		
<b>Secondary only:</b> Elementary reading methods		
<b>Secondary only:</b> Elementary math methods		
	<b>Total SH</b>	<b>Total SH</b>
Emotional disabilities practicum		
Administrator letter (see prerequisite above)		
ED supervisor name and documentation (see prerequisite above):		

Signature of Applicant	Date
ESPB Review	Date
Executive Director, ESPB	Date
License Code <b>19140/19240/19340/19440/19540/19640</b>	Type of Equivalency <b>23</b>
Level of Preparation	
Plan on File Start Date:	Plan on File Expiration Date:
Plan on File Effective Date:	

**Submit form and \$75 fee to:** ESPB, 2718 Gateway Ave, Ste 303, Bismarck ND 58503, (701) 328-9641 office (701) 328-9647 fax



## Payment/Credit Card Information

Type of Payment <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Check		Amount \$	
Name as it appears on credit card		Please sign to authorize credit card charge	
Credit Card Number		Expiration Date	3 digit CVV number on back of card